

# TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED  DNA  SUBJECT INFORMATION  DNA  REASON FOR USE OF FORCE (Check all that apply)	1. DATE OF INCIDENT  09-SEP-2016	TIME  23:31:00	2. ADDRESS OF OCCURRENCE  2534 W DIVISION ST CHICAGO, IL 60622	3. LOCATION CODE  304	4. BEAT/OCCUR  1423	6. VIDEO RECORDED INCIDENT  <input type="checkbox"/> 01 BWC <input type="checkbox"/> 02 IN-CAR CAMERA  <input type="checkbox"/> 03 OTHER REPT VIDEO		
	7. POSITION  9161	7. LAST NAME  COLLIER	8. FIRST NAME  YOLANDA R	9. STAR NO  19806	10. SEX  <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F	11. RACE CODE  BLK	12. AGE  504	13. HT.  154
	15. DATE OF APPT.  05-AUG-1996	16. EMPLOYEE NO.  193	17. UNIT & BEAT OF ASSIGNMENT  6570A	18. DUTY STATUS  <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	19. MEMBER INJURED?  <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	20. MEMBER IN UNIFORM?  <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		
	21. LAST NAME  ARQUERO	22. FIRST NAME  MICHAEL	23. M.I.  	24. SEX  <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	25. RACE  WWH	26. D.O.B.  14-SEP-1983	27. H.T.  510	28. WT.  225
	29. ADDRESS 2943 N FAIRFIELD AVE CHICAGO, IL 60618	30. TELEPHONE NO.  	31. WAS SUBJECT ARMED?  <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT INJURED BY MEMBER?  <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	33. SUBJECT ALLEGED INJURY BY MEMBER?  <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			
	34. IF SUBJECT INJURED, DESCRIBE INJURY  <input type="checkbox"/> 01 Fatal <input checked="" type="checkbox"/> 02 Non-Fatal - Major Injury  <input type="checkbox"/> 03 Non-Fatal - Minor Injury	35. WHERE WAS MEDICAL TREATMENT OBTAINED?  COOK COUNTY HOSPITAL - STROGER HOSPITAL	36. BY WHOM?  DR. DENNIS	37. CONDITION  <input type="checkbox"/> 01 Apparently Normal  <input type="checkbox"/> 04 Not Hospitalized	38. CB NO  19368968	39. IR NO  	40. DNA  	
	41. PASSIVE RESISTER  DID NOT FOLLOW VERBAL DIRECTION  STIFFENED (DEAD WEIGHT)  OTHER _____	ACTIVE RESISTER  FLED  PULLED AWAY  OTHER _____	ASSAILANT: ASSAULT  IMMINENT THREAT OF BATTERY  OTHER _____	ASSAILANT: BATTERY  ATTACK WITH WEAPON  ATTACK WITHOUT WEAPON  OTHER _____	ASSAILANT: DEADLY FORCE  USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM WEAPON  OTHER _____			
	42. MEMBERS SUBJECTS ACTIONS  MEMBER PRESENCE  VERBAL COMMANDS  ESCORT HOLDS  WRISTLOCK  ARMBAR  PRESSURE SENSITIVE AREAS  CONTROL INSTRUMENT  OC/ CHEMICAL WEAPON W/AUTHORIZATION  LRAD WITH AUTHORIZATION  OTHER _____	OPEN HAND STRIKE  TAKE DOWN / EMERGENCY HANDCUFFING  OC CHEMICAL WEAPON  CANINE  TASER (Probe Discharge)  01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> TASER (Contact Stun)  01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> TASER (ARC Cycle)  01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> TASER (Spark Displayed)  01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> OTHER _____	ELBOW STRIKE  CLOSED HAND STRIKE/PUNCH  IMPACT WEAPON (Describe in Box 40)  OTHER _____	KNEE STRIKE  KICKS  IMPACT MUNITION (Describe in Box 40)  OTHER _____	FIREARM  OTHER _____			
	43. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL?  <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	44. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY?  <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	45. DID THE DISCHARGE RESULT IN A SELF-INFILCTED INJURY?  <input checked="" type="checkbox"/> 01 No <input type="checkbox"/> 02 Yes - Subject <input type="checkbox"/> 03 Yes - Member					
	46. WEAPON TYPE  <input type="checkbox"/> 01 REVOLVER <input checked="" type="checkbox"/> 02 SEMI-AUTO PISTOL  <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON  <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 06 TASER (Probe Discharge)  <input type="checkbox"/> 07 OTHER	47. INCIDENT OCCURRED  <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	48. LIGHTING CONDITIONS  <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk  <input type="checkbox"/> 05 Polar Artificial <input checked="" type="checkbox"/> 06 Good Artificial	49. WEATHER CONDITIONS  CLEAR				
50. MAKE/MANUFACTURER  GLOCK, INC.-AU-	51. MODEL  19	52. BARREL LENGTH  4	53. CALIBER/GAUGE  9 MM					
54. TASER DART ID NO.  WTB646	55. WEAPON SERIAL NO. (Include Letters)  WTB646	56. CHICAGO GUN REG. NO.  RO341885	57. FIREARM OWNER ID. NO.  24971098	58. HANDGUN CERTIFICATE NO  				
59. SPECIAL WEAPON CERTIFICATE NO  	60. PROPERTY INVENTORY NO.  	61. TYPE OF AMMUNITION USED  Department Issued	62. NO. OF WEAPONS DISCHARGED BY THIS MEMBER  1	63. TOTAL NO. OF SHOTS MEMBER FIRED  6				
64. WHO FIRED FIRST SHOT  <input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER	65. WAS FIREARM RELOADED DURING INCIDENT  <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO	66. NO. OF CARTRIDGES/SHOT SHELLS RELOADED  	67. HOW WAS MEMBER'S HANDGUN WORN  <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	68. DID MEMBER USE SIGHTS  <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO				
69. HOW WAS MEMBER'S HANDGUN DRAWN  <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW	70. SPECIFY METHOD/EQUIPMENT USED TO RELOAD  	71. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)  VEHICLE  	72. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED  <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 5 - 10 FT. <input checked="" type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.	73. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON  <input type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 07 NONE  <input type="checkbox"/> 02 OTHER PERSON <input checked="" type="checkbox"/> 04 OBJECT <input type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 08 ANY OTHER COMBINATION				
74. POSITION OF MEMBER DISCHARGING WEAPON  <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input checked="" type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING  <input type="checkbox"/> 05 OTHER (SPECIFY)  	75. EVENT NO.  1625318658	76. R.D. NO.  HZ427779						

1082195  
Attachment 9

CASE INFORMATION	<input checked="" type="checkbox"/> NOTIFICATIONS (ALL INCIDENTS) <input type="checkbox"/> IMMEDIATE SUPERVISOR <input type="checkbox"/> DSS OF DISTRICT OF OCCURRENCE <input type="checkbox"/> NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT) <input type="checkbox"/> OEMC <input type="checkbox"/> CPIC <input type="checkbox"/> NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT) <input checked="" type="checkbox"/> OEMC Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.			76. EVENT NO. <b>1625318658</b>
	78. ADDITIONAL INFORMATION <b>MEMBER OBSERVED OFFENDER/ASSAILANT FIRING A HANDGUN AT OCCUPANT OF VEHICLE, STRIKING HIM. MEMBER FIRED HIS HANDGUN IN DIRECTION OF OFFENDER IN DEFENSE OF THIS VICTIM'S LIFE. IT IS NOT KNOWN IF ASSAILANT WAS STRUCK BY OFFICER OR ADDITIONAL OFFENDER(S).</b>			
SIGNATURES	79. REPORTING MEMBER (Print Name) <b>CHUDZIK, WALTER T</b> 10-SEP-2016 06:14:03			STAR/EMPLOYEE NO. <b>2273</b> 
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.			76. R.D. NO. <b>HZ427779</b>
	80. REVIEWING SUPERVISOR (Print Name) <b>CHUDZIK, WALTER T</b> STAR NO <b>2273</b> 			

## LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEW AND APPROVAL OF ALL TRRS FROM THE SAME INCIDENT. 1. THE EXEMPT-LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL; (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE DEATH OF ANY INDIVIDUAL; (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STems FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRRS FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY; (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY; (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. (3) THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

**11. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE**
 DND

 REFUSED

 INTERVIEW NOT CONDUCTED (Specify Reason)

Member in surgery.

**12. LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS**

As of this report, no further action by the undersigned is required. Investigation into this incident will be done by Area North Detective Division and appropriate criminal charges have not yet been determined. Based on the facts available at this time, further investigation is needed.

**13. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY**

I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN G03-02-05

**14. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION**

INDEPENDENT POLICE REVIEW AUTHORITY (IPRA) NOTIFIED.

LOG NO. 1082195 OBTAINED

**15. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)**

WILLIAMS, TERENCE V

BY: \_\_\_\_\_

TRR \_\_\_\_\_ OF \_\_\_\_\_ TRRS)

**16. DISTRIBUTION OF TRR:**

IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION,

1. THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION - TO BE INCLUDED WITH THE CORRESPONDING CASE FILE

2. A COPY OF THE PAPER TRR WILL BE FORWARDED TO:

A. INDEPENDENT POLICE REVIEW AUTHORITY, AND

B. COMMANDER, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY INTO THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION

SIGNATURE

DATE COMPLETED TIME

10-SEP-2016 06:26:19